Hawaii Dept. of Health, Office of Health Care Assurance

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1677 PENSACOLA STREET HONOLULU, HI 98822 (X4) ID PREPIX SUMMARY STATEMENT OF DEFICIENCES HONOLULU, HI 98822 (X4) ID PREPIX REACH CHARGES OF HER CEDED BY PLL) PREPIX REACH CHARGES OF HER CEDED BY PLL) PREPIX REACH COMMENTER ACTION SHOULD BE CRASH COMMENTER. ACTION SHOULD BE C			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER HALE NANI REHABILITATION AND NURSING CENTEF (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 4 000 Initial Comments A focused relicensing and infection control survey was conducted by the Office of Health Care Assurance (OHCA) on 05/06/2020. The facility was found to be in compliance with Hawaii Administrative Rules, Title 11, Chapter 94.1, Nursing Facilities, at focused sections: 11-94.1-53 Infection control, 11-94.1-29 Resident abuse, neglect, and misappropriation of resident property, 11-94.1-36 Admission, transfer, and discharge, 11-94.1-39 Nursing services, and 11-94.1-58 Emergency preparedness.			125011	B. WING		05/06/2020	
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Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Electronically Signed 05/23/20